

Promotores: Energizing Local Communities for Heart Health

Findings From Salud para su Corazón
Implementation Projects



A Collaborative Project of the National Heart, Lung, and Blood Institute of the National Institutes of Health, the National Council of La Raza, and the University of North Texas' School of Public Health



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Contents

ACKNOWLEDGMENT	iii
INTRODUCTION	1
EXECUTIVE SUMMARY	2
BACKGROUND: CARDIOVASCULAR EDUCATIONAL NEEDS ASSESSMENT	5
COMMUNITY PROJECTS DESIGN ELEMENTS	6
PARTICIPATING COMMUNITY-BASED ORGANIZATIONS	6
Chicago, IL	6
Escondido, CA	7
Española, NM	7
El Paso, TX	7
THE TRAINING PROCESS OF PROMOTORES	7
MODELING TRAINING: LEAD PROMOTORES TRAIN LOCAL TEAMS	8
PROMOTORES: GETTING INVOLVED IN COMMUNITY EDUCATION	9
Chicago, IL	9
Escondido, CA	9
Española, NM	9
El Paso, TX (mentor site)	9
Joint Activities of Lead Promotores and Mentors	10
DATA COLLECTION	10
FINDINGS	10
Project Objectives and Implementation Activities	10
Additional Findings	14
Promotores	14
Educational Level and Preferred Language	14
Initial Knowledge of Health Issues (a Curriculum-Based, Eight-Item Pretest and Posttest Questionnaire)	14
Barriers Encountered by the Promotores Upon Implementing the Project in Their Communities	14
Chicago, IL	14
Escondido, CA	14
Española, NM	15

Self-Skill Assessment	15
Example From Chicago: Effect of Experience on Self-Skill Assessments	16
Promotores' Recommendations and Comments.....	16
Chicago, IL	16
Escondido, CA	16
Española, NM	16
The Families.....	17
Risk Factors	17
Chicago, IL (79 families).....	17
Escondido, CA (49 families).....	18
Española, NM (60 families).....	18
The Clinicas del Norte Cohort.....	19
Family Data for Heart Health Education	19
Family Followup.....	21
Chicago, IL	21
Escondido, CA	21
Española, NM	21
Pretest and Posttest Knowledge Results	21
FEEDBACK FROM COMMUNITY-BASED ORGANIZATIONS.....	21
CSB, Chicago, IL.....	21
ECHC, Escondido, CA	22
HACC, Española, NM	22
LIMITATIONS	23
RECOMMENDED CHANGES FOR CUÉNTAMELO.....	23
FUTURE DIRECTIONS	25
CONCLUSIONS.....	26
APPENDIX.....	28
Testimonials	28
Salud para su Corazón List of Materials Ordered by the Community Projects.....	29

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"Give the world the best you have, and it may never be enough; give the world the best you have anyway."
—Mother Teresa of Calcutta

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Introduction

The Salud para su Corazón (SPSC) initiative was established in 1994 by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) as a comprehensive educational program committed to increasing the knowledge and practice of heart healthy behaviors in Latino communities. The initiative has expanded over the past several years to include a variety of partners and special partnerships. For example, the Metropolitan Life Foundation and the National Council of La Raza (NCLR) joined forces in major activities to bring heart health to Latinos. SPSC has been implemented by local community-based organizations (CBOs) in Chicago; IL, Española, NM; and Escondido, CA.

The core of the program consists of *promotores de salud*—lay health workers who deliver prevention interventions to individual families to promote healthy lifestyles. *Promotores* are members of the communities that they serve. They are effective in overcoming communication barriers because they share the language, cultural beliefs, and social and ethnic characteristics of the members of the community. *Promotores* are the early adopters of the program's lessons and, thus, are key role models in the communities. *Promotores* recruit families, assess their risks for heart disease, and conduct extensive training to promote heart healthy eating, smoking prevention, physical activity, and maintaining a healthy weight. This approach to health education reflects traditional ways by which health information is disseminated and social networks are strengthened in Latino communities. Family-centered efforts capitalize on the importance of families in Latino communities. *Promotores* offer up-to-date information on heart health from the NHLBI, the expertise and linkages of NCLR, and the guidance of the University of North Texas School of Public Health.

In addition to working with individual families, *promotores* function as health advocates targeting the broader community. *Promotores* have devised and implemented many activities to reach and engage members of their communities. These activities have included group training sessions and social marketing campaigns. As such programs expanded, the need to assess their impact on the community became apparent. Therefore, *promotores* helped design an instrument that would record their activities, provide information about the families that they trained, assess the families' skills, and document challenges and issues that they faced while implementing the program. The instrument is called *Cuéntamelo* (tell me about it).

This report records progress on the *promotores*-based implementation activities, including pilot data collected from the first administration of *Cuéntamelo* during the year 2000. The program has since extended into a second year, and two new community projects have begun year 1 activities.

This document is intended to be a foundation and a forum for information sharing among *promotores* programs promoting cardiovascular health in Latino communities. Also included is an executive summary of this report.

EXECUTIVE SUMMARY

The NHLBI's Salud para su Corazón project, begun in 1994, has targeted Hispanic communities with efforts to teach strategies to improve cardiovascular health. The program features key partnerships for funding and implementation. These partners include the National Council of La Raza, Metropolitan Life Foundation, and the University of North Texas School of Public Health.

The core of the program consists of promotores de salud or promotores—lay health workers (members of the community) who deliver preventive interventions to individuals and families. The promotores also act as health advocates targeting the community broadly.

Three Communities

Following a needs assessment, the program organizers selected three community organizations to participate in a renewed Salud para su Corazón implementation during a 1-year period (January–December 2000) and to conduct a new assessment procedure.

- In the West Town area of Chicago, IL, the organization Centro San Bonifacio used its experience in advocating for the Latino community to support the program.
- In Escondido, CA, the program was aided by the Escondido Community Health Center, which has a long history of providing medical care.
- In Española, NM, the organization Hands Across Cultures Corporation supported the program with its own family-centered approach.

In addition, two experienced promotores in Centro San Vicente, TX, provided input, support, and critical review to the main projects.

Participants in the three communities performed preparatory tasks, including attending a 4-day training in Washington, DC, returning to communities to train local teams in the *Your Heart, Your Life* curriculum and to recruit families as part of the program's implementation.

Assessment Tools

Participants were also trained in the use of a new assessment tool, Cuéntamelo. Using a variety of culturally specific qualitative and quantitative methods, the tool captured the progress of the projects and generated ideas for improving the program. It measured the extent to which the promotores met goals, collected testimonial remarks, completed journals, adhered to schedules, and collected pretest and posttest data. The families taking part in the project filled out "family cards," providing additional key data.

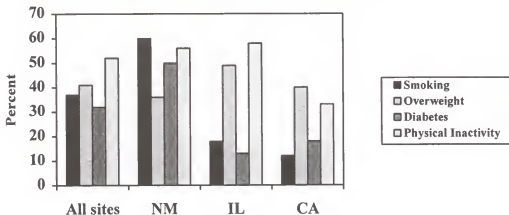
Findings

The collected data provided initial insights into the outreach process. The promotores highlighted many barriers that, if removed, would advance the program. These barriers included a lack of needed space and sufficient time. The promotores also made important recommendations, which include simplifying paperwork and printed materials and exploiting the fact that many children will advocate for healthier meals.

The families provided a wealth of data about their health and health practices. Data on (among many other factors) smoking, overweight, diabetes, and physical inactivity can help guide the activities of promotores.

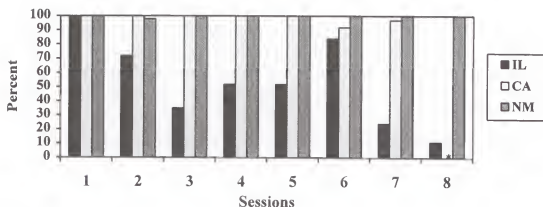
A total of 188 families in three communities participated in heart health education. An assessment of risk factors was recorded among three communities in New Mexico, Illinois, and California. Figure 1 shows risk factors among all sites and the three specific communities. For example, across all sites 52 percent reported lack of physical activity. Other risk factors varied among communities. For example, in Ojo Caliente, NM about 60 percent smoke cigarettes while only 12 percent smoke cigarettes in Escondido, CA.

Figure 1. Risk Factors Across Sites



Additional data in figure 2 show the rates of successfully implementing the prescribed heart health education classes, broken down by session. Sessions targeted heart disease risk; physical activity; high blood pressure; eating less fat, saturated fat, and cholesterol; maintaining a healthy weight; making heart health a family affair; smoking prevention; and diabetes (optional). In Española and in Escondido, nearly all classes were completed; in Chicago, slightly more than 50 percent of the classes were completed.

Figure 2. Rate of Implementation of Sessions in the Curriculum



*Equals zero

The participating community-based organizations also provided data. They cited, for example, the need to simplify paperwork and to receive more funding for staff and publicity. The organizations stated that the outreach program produced important work that complemented or expanded their ongoing efforts.

Pledges and Outcomes

This report also presents the activity pledges made by promotores at the participating sites and lists outcomes of the programs as they relate to those pledges. A promotores pledge (compromiso) or action plan is based on assets and needs of their local community. The pledge shaped the implementation activities for each community organized in six domains: training, teaching families, followup, referrals, community events, and conference calls.

Improving Assessment

Shortcomings with the initial version of Cuéntamelo were recognized, and the evaluation tools were refined to be more comprehensive and to allow consistent data collection among sites. With the improvements in Cuéntamelo and with this report's recommendations, further progress is expected.

Conclusions

The report makes the following conclusions:

- Families can be engaged beneficially in a health education program led by respected, influential promotores.

- Family-based interventions can foster lifestyle changes, and it is likely that the effects will endure. The specific interventions are congruent with social and cultural norms, community values, and language and learning skills of the target groups.
- The promotores became models who promoted and reinforced behaviors among their peers in the community. Social learning theory suggests that similar accepted models are effective in enhancing behavioral change.

BACKGROUND: CARDIOVASCULAR EDUCATIONAL NEEDS ASSESSMENT

In 1998, the NHLBI and NCLR conducted a formative evaluation to assess the potential for using educational materials from the SPSC initiative at the community level by CBOs and networks affiliated with NCLR. An assessment form was mailed to 500 agencies, and forms were returned by 136 individuals. The survey contained 17 items regarding cardiovascular disease (CVD)-related health concerns in the community, types of services provided, and types of Latino consumers. The survey obtained data about promotores programs available through the agency, their types of services, and need for educational materials.

The findings revealed that almost all the CBOs had a health focus (97 percent). About 75 percent of these agencies reported that their focus was health promotion and disease prevention, and 40 percent said that they have provided direct health services to Latinos. Latinos served by the agencies included the following: families (85 percent), women (82 percent), youth (76 percent), elderly (62 percent), farm workers (49 percent), and others (33 percent). A total of 88 agencies (67 percent) used lay health educators (promotores de salud) in their efforts. About 90 percent of the CBOs reported that their promotores provided health promotion and health education activities. Agencies with promotores programs were asked which educational materials were most important. Their responses, in order of priority, were (1) Spanish-language videos, (2) Spanish manuals, (3) flip charts, (4) bilingual group discussion guides, and (5) posters. These results suggest that existing promotores programs could be valuable assets for the dissemination and implementation of SPSC programs in local Latino communities.

COMMUNITY PROJECTS DESIGN ELEMENTS

Table 1 describes the design elements common to all CBO projects.

Table 1

Project Leadership Components	Promotores Program Components
• Establish a core team consisting of the NHLBI, NCLR, and University of North Texas to oversee the community projects • Select participating CBOs • Choose a mentor site to provide guidance and bring field experience to the project • Attain consultations with promotores for training structure needs • Train lead promotores and CBO facilitators • Offer technical assistance to promotores through monthly conference calls and site visits to review progress, engage in group problem solving, and support goals • Provide SPSC resource materials to each of the communities	Training: Conduct a 32-hour training for lead promotores using the <i>Your Heart, Your Life</i> curriculum, which includes providing instruction on how to work with the local media, demonstrating behavioral rehearsals, and utilizing health education resources. Community implementation plan: Develop a promotores pledge (compromiso) or action plan based on assets and needs of their local community. The Pledge shaped the implementation activities for each community organized in six domains: training, teaching families, followup, referrals, community events, and conference calls. Evaluation: Design, pilot test, and refine Cuéntamelo tools. National leadership: Team up to conduct a train-the-trainer, 2-day workshop (16 hours) for 50 promotores at the National Promotores Conference and presented a skit on SPSC at the Gala Award Dinner. Continuing education: Participate at the NCLR National Conference by presenting a poster and photo story about their activities. Promotores from Escondido conducted a salsa aerobic class demonstration during the health fair.

PARTICIPATING COMMUNITY-BASED ORGANIZATIONS

Based on the needs assessment and responses to a Request for Proposal issued by NCLR, communities in Chicago, Escondido, and Española were selected to implement programs. The existing promotores programs in these communities would have the opportunity to enhance, strengthen, and expand their efforts by participating in the SPSC program. Each CBO received a grant for \$11,000 for a period of 1 year, from January to December 2000.

The program was implemented in three American settings: urban, suburban, and rural. The following are descriptions of the participating CBOs.

Chicago, IL

Centro San Bonifacio (CSB) provided training and support for promotores in the West Town area of Chicago's urban community. About 60 percent of the population is Latino. West Town has become a major destination for Mexican immigrants. As a result, it has become a community in need of support, both economically and linguistically. Staffed by community

members, CSB represents and advocates on behalf of the Latino community and helps to reduce barriers that exist. CSB provided training for promotores through the "Multipliers Program," a grassroots, peer-to-peer educational effort.

Escondido, CA

SPSC worked in conjunction with the Escondido Community Health Center (EHC). EHC serves communities in and around the city limits of Escondido, about 30 miles north of San Diego. EHC is the only agency in Escondido that provides medical and dental care for low-income people in a border community. About 27 percent of Hispanic families in Escondido lie below the poverty line. EHC merged SPSC with its existing La Vida Buena Project, a Latino dance and aerobic exercise program. The program was recognized by the California Department of Health Services as a successful way to implement physical activity in a culturally sensitive and encouraging fashion.

Española, NM

Hands Across Cultures Corporation (HACC) is the CBO that supported promotores in Española. It serves a rural and low-income population of about 36,300 in Rio Arriba and Santa Fe Counties. Latinos compose more than half of the combined population of these two counties. HACC stresses a family-centered approach deeply rooted in the multicultural traditions of communities. In addition, HACC has a strong partnership with Las Clinicas del Norte sites, allowing that patient base to receive resources from this SPSC project.

El Paso, TX

A fourth CBO was identified as the mentor site; promotores Odelinda Hughes and Esperanza Vásquez served as mentors to the community projects without funding from NCLR. These promotores had prior experience in community health outreach. They provided input, support, and a review of ideas and concepts. For example, they became informal teachers, helping the promotores build confidence and learn their roles quickly.

THE TRAINING PROCESS OF PROMOTORES

Each of the lead promotores from Chicago, Escondido, and Española participated in the NCLR's SPSC training program in Washington, DC, from January 31 to February 3, 2000. This program used the NHLBI's *Your Heart, Your Life* curriculum to train promotores in ways of delivering effective and important health messages to Hispanic communities. The program also fostered the development of the Cuéntamelo strategic planning and evaluation tool.

The first activity of the three community projects was to prepare and train local teams of promotores, which varied in size, using the *Your Heart, Your Life* curriculum of nine training sessions (listed in table 2). The *Your Heart, Your Life* curriculum offers a variety of culturally and language-appropriate instructional methods, including lectures, handouts, hands-on demonstrations, informal discussions, role playing, peer teaching, problem solving, games, values clarification (pilares de reflexión), and group activities. Other SPSC educational

materials include articles, pamphlets, recipes, videos, portable picture cards, songs, poems, a storybook, and models.

Table 2

<i>Your Heart, Your Life Sessions</i>
1. Are You at Risk for Heart Disease?
2. Be More Physically Active
3. What You Need to Know About High Blood Pressure, Salt, and Sodium
4. Eat Less Fat, Saturated Fat, and Cholesterol
5. Maintain a Healthy Weight
6. Make Heart Healthy Eating a Family Affair
7. Eat in a Heart Healthy Way—Even When Time or Money is Tight
8. Enjoy Living Smoke Free
9. Graduation

MODELING TRAINING: LEAD PROMOTORES TRAIN LOCAL TEAMS

Upon their return from the NCLR training program in Washington, DC, Chicago promotores Rosario Sánchez and Irma Pacheco trained a staff of 15 promotores using the *Your Heart, Your Life* curriculum. Those trained included mothers active in their children's public schools, residents of a community shelter, members of a religious congregation, and community health promoters affiliated with Centro San Bonifacio.

Teresa Andrews of ECHC trained 12 promotores. The Escondido project also utilized a "study partner" approach to help promotores increase their level of knowledge. The study partner approach enables the promotores to review class materials and practice effective ways to deliver information and increase families' commitment to improving their cardiovascular health.

Janet Lucero of the Española project trained seven local promotores upon her return from Washington, DC, also using the *Your Heart, Your Life* curriculum.

All promotores signed a pledge regarding commitment and expectations for the program. The pledge required that each:

- Live in the community where he/she works.
- Share the ethnic background of the people he/she trains and teaches.
- Know the community and its resources.
- Understand community members' personal needs.
- Want to improve the heart health of his/her community members.

PROMOTORES: GETTING INVOLVED IN COMMUNITY EDUCATION

Trained promotores were responsible for the recruitment, retention, and evaluation of families to assess risk factors and to provide indepth heart health education. They distributed take-home educational information and awarded "gold certificates" to recognize the success of each family engaged in learning activities.

Chicago, IL

Eleven promotores in Chicago (see tables 3 and 4) worked with 79 families in three different communities (West Town-Humboldt Park, Pilsen, and Back of the Yards). These families faced health problems such as high blood pressure, high blood cholesterol, and overweight. Promotores taught them how to improve their cooking and physical activity to prevent further risk of heart disease. One group of promotores and community women organized a group called Corazones Dinamita (Dynamite Hearts), an aerobics dance group that met weekly. Chicago promotores appeared on a live public television program to present sessions and respond to health questions and comments from viewers. They promoted the curriculum—*Your Heart, Your Life*—at schools, community centers, and health fairs.

Escondido, CA

Eleven promotores in Escondido (see tables 5 and 6) employed three types of interventions to implement SPSC: one-on-one interviews, brief classes, and series of classes. Brief classes focused on topics such as being physically active, reducing salt and sodium consumption, reducing meal portions, learning cholesterol numbers, and cooking. The series of classes was given to 49 families and included the *Your Heart, Your Life* curriculum, videos, pamphlets, and the Tarjeta de Salud Familiar (the *Family Card*) to assess the heart disease risk factors of family members. The classes increased the number of husbands involved in promotores activities, giving them a better view of the roles of their mothers and wives as community advocates for health.

Española, NM

Seven promotores in Española (see tables 7 and 8) worked with 60 families and 70 patients. They visited residences, worked with patients, and conducted community presentations. They screened residents for high blood pressure and diabetes, and, in visits to clinics, they screened patients for high blood pressure, high blood sugar, and high blood cholesterol. Community presentations included a series of classes using the *Your Heart, Your Life* manual, handouts, demonstrations, and video presentations and classes teaching specific skills for changing habits.

El Paso, TX (Mentor site)

Two promotores in El Paso (see table 9) served as mentors to the project. They implemented a series of group education classes using *Your Heart, Your Life* manual; conducted cooking demonstrations; and used support groups as a strategy to followup, assess, and encourage behavior change and practices. In addition, they trained 15 promotores from Texas and Mexico.

Joint Activities of Lead Promotores and Mentors

Promotores and mentor alike participated in a train-the-trainer workshop at the National Promotores Conference in Albuquerque, NM. They team-trained over 50 promotores from across the nation using the *Your Heart, Your Life* curriculum. In addition, they participated in a poster session at the 2000 NCLR Annual conference in San Diego, CA to promote their project and explain lessons learned. As a way to communicate, solve problems, exchange ideas, and facilitate direction to the project monthly, conference calls are held with NHLBI, NCLR, and the University of North Texas.

DATA COLLECTION

The Cuéntamelo evaluation tool employed a variety of culturally specific qualitative and quantitative methods to track, guide, and assess the performance of the project at the level of the promotores, families, and CBOs. Cuéntamelo was designed to capture the progress of the programs and to generate ideas for improvement.

The tool measured the extent to which promotores met their pledge, collected testimonials, wrote journal entries, adhered to their schedules, collected pretest and posttest data, and used the *Family Card* in the intervention with families.

By 2000, Cuéntamelo had produced data based on 29 promotores serving 188 families at the three sites.

FINDINGS

The findings feature preliminary data from the target populations based on promotores, families, and CBOs. Whenever possible, combined findings for all three sites are presented below. Important differences among them are described. However, information was not collected consistently across sites; hence, often an overall picture or a comparison between sites is not possible. Nevertheless, the data presented provide initial insights into the process and outcome measures associated with the implementation of the project.

Project Objectives and Implementation Activities

The following tables give the specific pledges and outcomes for the promotores and their activities. The findings from the three sites represent differences in the context of program implementation. Although the core objectives remain uniform across the three sites, strategies differed.

Table 3

Chicago, IL, Pledge
• Train 15 promotores • Recruit and teach 75–150 families using 50 percent of the sessions in the manual • Provide followup by home visit to at least 50 percent of the families • Make referrals for blood pressure, blood cholesterol, diabetes, and weight screenings whenever possible • Organize or participate in six community events • Collect three testimonials • Complete diary using nine journal questions

Table 4

Chicago Outcomes			
Training	Teaching Family, Followup, and Referral	Community Events	Other
• Recruited and trained 27 promotores through the peer-to-peer structure; 11 agreed to participate in sharing the information with others • Held graduation for promotores	• Taught home-based classes for 79 families; 2–3 hour presentation • Performed risk assessment for 79 families • Provided followup visits to all the families; 21 families received a second visit • Referred families to public health clinics for screenings	• Formed an aerobics group—Corazones Dinamita—that served as a venue for recruiting participants for the program • Worked with a local public access cable channel to put together a series of live television programs to promote heart health in the community • Conducted three single-session workshops in the community that included healthy cooking demonstrations • Added a heart health charla to the ongoing Basic Community Health Promotores Courses • Networked with the American Heart Association (AHA) for joint collaboration in conducting classes in the library • Networked with the Chicago Park District to secure space to conduct the program • Trained a group of 25 promotores using the <i>Your Heart, Your Life</i> curriculum in Colorado Springs, CO	• Participated in monthly conference calls • Collected three testimonials • Completed diary to document experience

Table 5

Escondido, CA, Pledge
• Train 15 promotores • Recruit and teach 75–150 families using 50 percent of the sessions in the manual • Provide followup by home visit to at least 50 percent of the families • Make referrals for blood pressure, blood cholesterol, diabetes, and weight screenings whenever possible • Organize or participate in six community events • Collect three testimonials • Complete diary

Table 6

Escondido Outcomes			
Training	Teaching Family, Followup, and Referral	Community Events	Other
• Recruited and trained 12 promotores; 1 left the program due to illness • Twelve promotores had complete screenings for high blood pressure, high blood cholesterol, and weight	• Recruited and conducted full training with 49 families • Followed up with 41 families (76 percent) by telephone • Held a graduation for 12 promotores and their families, who attended the SPSC training (60 individuals)	• Conducted one-on-one interviews at community events, promotores workplaces, and ECHC's clinic waiting area; 667 participants were involved; they received brochures and were referred to the clinic for screenings • Conducted brief 1½–2-hour classes in schools, in an adult education facility, and at a community event sponsored by the AHA (207 contacts) • Organized the 2nd Annual Regional Reunion of Promotores; presented a 90-minute workshop on the <i>Your Heart, Your Life</i> curriculum to 40 participants. Local newspaper article featured the event. • Conducted ongoing Salsa aerobic classes for the community • Trained a group of 20 promotores in Chula Vista, CA, in collaboration with Project Lean	• Participated in monthly conference calls • Collected 12 testimonials • Completed diary to document experience

Table 7

Española, NM, Pledge
• Train seven promotores • Recruit and teach 105–140 individuals/families using 50 percent of the sessions in the manual • Followup with at least 50 percent of the families • Make referrals for blood pressure, blood cholesterol, diabetes, and weight screenings whenever possible • Organize or participate in five community events

Table 8

Española Outcomes			
Training	Teaching Family, Followup, and Referral	Community Events	Other
• Trained seven promotores • Held graduation and provided certificates to promotores	• Recruited and trained 60 families and 70 patients using the <i>Your Heart, Your Life</i> curriculum, provided hands-on demonstrations, and distributed materials; 60 families were screened for high blood pressure, diabetes, and weight; 70 patients were screened for high blood pressure, diabetes, weight, and blood cholesterol • All 60 families received a followup call and a home visit • All 70 patients received a followup call, and each patient was seen at the clinic visit • Held graduation to celebrate the success of the families engaged in heart health learning activities; provided certificates and took family photos	• Played SPSC videos regularly at the health clinic (200 persons) • Conducted an indepth monthly group training reaching 280 persons • Conducted classes at a senior center (60 older adults) • Made presentations at five elementary schools (320 children) • Produced a 60-second video public service announcement (PSA) that aired on a local television station for 2 months • Produced a 60-second radio PSA that aired for 2 months on a local radio station • Participated in two 30-minute talk show programs on local radio stations • Distributed newsletter with heart health articles to over 1,000 mail boxes	• Participated in monthly conference calls • Developed a testimonial notebook with stories and pictures of 30 participants

Table 9

El Paso, TX (Mentor Site)
• Reviewed issues and concepts related to the project. • Conducted 620 presentations and classes for local schools, clinics, and community groups using the <i>Your Heart, Your Life</i> curriculum. • Distributed health materials at clinics and at the Community Health Workers Meeting in Mezcadero, NM. • Trained 15 promotores from La Clínica de la Familia in Juárez, Mexico, and Socorro, TX.

Table 10

Joint Activities of Lead Promotores and Mentors
• Conducted a 2-day train-the-trainer program in Spanish for 50 promotores at the Third National Promotores Conference in Albuquerque, NM, using the <i>Your Heart, Your Life</i> curriculum. • Participated in a poster session at the exhibit hall and a panel presentation with 80 participants at the 2000 NCLR Annual Conference in San Diego, CA. • Participated in monthly conference calls with the NHLBI, NCLR, and the University of North Texas.

Additional Findings

Promotores

Educational Level and Preferred Language

The majority of promotores had at least a high school education and preferred speaking Spanish. This trend did not differ among sites.

Initial Knowledge of Health Issues (a Curriculum-Based, Eight-Item Pretest and Posttest Questionnaire)

Escondido reported a score of 74 percent correct on the pretest and 100 percent correct on the posttest. Comparisons for other sites were difficult to make because they used a closed format for the pretest and an open format for the posttest. Although these data are from only one site, they provide some indication that promotores training is effective in increasing their knowledge.

Barriers Encountered by the Promotores Upon Implementing the Project in Their Communities

Chicago, IL

- All promotores reported a “lack of space” as a major barrier.

Escondido, CA

- Seventy-five percent reported a “lack of time” as the most important barrier.

- Twenty-five percent reported “other.” “Other” includes barriers mentioned by single individuals, such as lack of referrals, travel, and family obligation. (The 12 Escondido respondents chose only one barrier per person.)

Española, NM

- Seventy-one percent reported “time” as the most important barrier.
- Forty-three percent reported “family cooperation,” “money,” and “others” equally. (The seven Española respondents chose more than one barrier per person.)

Self-Skill Assessment

Self-skill assessment is a self-administered pretest and posttest consisting of a 22-item, 5-point scale to assess knowledge (see table 11) and performance skills (see table 12). The pretest was administered during the training, and the posttest was administered at the end of the year. Promotores indicated improvement in the following areas (in terms of percent of people responding “always”):

Table 11

Self-Assessment—Knowledge	Pretest	Posttest
Basic knowledge of health	24%	32%
Basic knowledge of how to take care of the heart	10%	55%
Knowledge of health services in the community	19%	32%

Table 12

Self-Assessment—Performance Skills	Pretest	Posttest
Listening to what people say	24%	48%
Planning, organizing, and presenting a class/group discussion	19%	32%
Accepting positive criticism	24%	40%
Encouraging people to express their opinions	14%	44%

Of special note, for the self-assessment regarding basic knowledge of how to take care of the heart, at pretest only 10 percent of respondents replied “always,” and 33 percent said “few times.” At posttest, 55 percent of promotores replied “always,” and no one indicated “few times.” These data indicate that promotores become more knowledgeable about the topic of heart health as they perform their duties. This increase in knowledge appears to be an example of professional growth.

Example From Chicago: Effect of Experience on Self-Skill Assessments

Data from Chicago showed that promotores' assessment of their knowledge of how to gather initial information to help a person learn about health actually decreased from pretest (83 percent saying "always") to posttest (58 percent saying "always"). These data suggest that a reality check occurred as promotores gained experience in the field and faced challenges in completing their tasks. Possibly, promotores were initially overly confident about their information-gathering skills. The training introduced the reality that their skills could use improvement.

Promotores' Recommendations and Comments

Promotores made the following recommendations and comments about their program:

Chicago, IL

- The paperwork was intimidating.
- The community responded very well to the project.
- Children in particular are advocating for healthier meals and warning their parents about the effects of smoking and a high-sodium diet.
- Some women are rediscovering that housework can be helpful in toning muscles and burning calories.

Escondido, CA

- Redesign the Tarjeta de Salud Familiar to make it more user-friendly and easy to read.
- Increase the budget.
- Use promotores from year 1 to train upcoming groups.
- Provide assistance to create a donation plan for promotores incentives.
- Adjust project expectations to correspond to money allocated to the program.
- SPSC information was welcomed in the community; several participants would like to see more classes reach more community members and improve Latino cardiovascular health.

Española, NM

- Redesign the Tarjeta de Salud Familiar (*Family Card*).
- Combine some of the forms to avoid excessive amounts of paper.

- Focus on erasing barriers faced by participants, such as a lack of food supplies, financial resources, and transportation.

The Families

A total of 188 families in the 3 communities participated in heart health education. An assessment of risk factors was recorded for each family using the *Family Card*.

Risk Factors

The following were risk factors across all sites:

- Thirty-seven percent smoke cigarettes.
- Seventeen percent have been exposed to secondhand smoke.
- Twenty-nine percent have been told by a doctor that they have high blood pressure.
- Sixteen percent have been told by a doctor that they have high blood cholesterol.
- Thirty-two percent have been told that they have diabetes.
- Forty-one percent considered themselves overweight.
- Fifty-two percent reported a lack of physical activity.
- Twenty-nine percent reported being either a man over 45 or a woman over 55.
- Nineteen percent said heart disease runs in their family.

The distribution of risk factors among families served by promotores differed by site, as follows:

Chicago, IL (79 families)

- Eighteen percent smoke cigarettes.
- Twenty-four percent have been exposed to secondhand smoke.
- Twenty-seven percent have been told by a doctor that they have high blood pressure.
- Nineteen percent have been told by a doctor that they have high blood cholesterol.
- Thirteen percent have been told by a doctor that they have diabetes.
- Forty-nine percent reported being overweight.
- Fifty-eight percent reported a lack of physical activity.

- Twenty-seven percent reported being either a man over 45 or a woman over 55.
- Twenty-five percent said heart disease runs in their family.

Escondido, CA (49 families)

- Twelve percent smoke cigarettes.
- Thirteen percent have been exposed to secondhand smoke.
- Twenty-three percent have been told by a doctor that they have high blood pressure.
- Twenty percent have been told by a doctor that they have high blood cholesterol.
- Eighteen percent have been told by a doctor that they have diabetes.
- Forty percent reported being overweight.
- Thirty-three percent reported a lack of physical activity.
- Seven percent reported being either a man over 45 or a woman over 55.
- Seventeen percent said heart disease runs in their family.

Española, NM (60 families)

- Sixty percent smoke cigarettes.
- Fourteen percent have been exposed to secondhand smoke.
- Thirty-three percent have been told by a doctor that they have high blood pressure.
- Thirteen percent have been told by a doctor that they have high blood cholesterol.
- Fifty percent have been told by a doctor that they have diabetes.
- Thirty-six percent reported being overweight.
- Fifty-six percent reported a lack of physical activity.
- Forty-one percent reported being either a man over 45 or a woman over 55.
- Fifteen percent said heart disease runs in their family.

The Clinicas del Norte Cohort

The promotores from Española, NM, also worked with patients from Clinicas del Norte to assess their risks for heart disease and to provide a series of classes from the *Your Heart, Your Life* curriculum. This activity involved 70 patients, with the following characteristics:

- Seventy-one percent smoke cigarettes.
- Thirteen percent have been exposed to secondhand smoke.
- Thirteen percent have been told by a doctor that they have high blood pressure.
- Seventy-four percent have been told by a doctor that they have high blood cholesterol, 26 percent did not know about their cholesterol, and none had been told by their doctor that they have high blood cholesterol.
- Eleven percent have been told by a doctor that they have diabetes.
- Thirteen percent reported being overweight.
- Thirty-three percent reported a lack of physical activity.
- Four percent reported being either a man over 45 or a woman over 55.
- Nine percent said heart disease runs in their family.

Family Data for Heart Health Education

Table 13 presents the implementation rate for families using the *Your Heart, Your Life* curriculum. The promotores pledged to teach at least 50 percent of the sessions in the manual to each family. These data demonstrate the diligence and compliance of the promotores in implementing outreach and educational efforts.

Table 13

Family Heart Health Education—Fraction of Session Taught			
Teaching Session	Chicago, IL	Escondido, CA	Española, NM
Are You at Risk for Heart Disease?	100%	100%	100%
Be More Physically Active	72%	100%	98%
What You Need To Know About High Blood Pressure, Salt, and Sodium	35%	100%	100%
Eat Less Fat, Saturated Fat, and Cholesterol	52%	100%	100%
Maintain a Healthy Weight	52%	100%	100%
Make Heart Healthy Eating a Family Affair	84%	92%	100%
Enjoy Living Smoke Free	24%	97%	100%
Diabetes (optional)	11%	0%	100%

Chicago reported more than 50 percent implementation rates in five training sessions. “Are You at Risk for Heart Disease?” had the highest rate at 100 percent; “Make Heart Healthy Eating a Family Affair” had a rate of 84 percent; “Be More Physically Active” had a rate of 72 percent; “Maintain a Healthy Weight” and “Eat Less Fat, Saturated Fat, and Cholesterol” had rates of 52 percent. Other session rates were 35 percent for “What You Need To Know About High Blood Pressure, Salt, and Sodium”; 24 percent for “Enjoy Living Smoke Free”; and 11 percent for “Diabetes.”

Escondido reported 100 percent implementation of five sessions for each family, including “Are You at Risk for Heart Disease?”; “Be More Physically Active”; “What You Need To Know About High Blood Pressure, Salt, and Sodium”; “Eat Less Fat, Saturated Fat, and Cholesterol”; and “Maintain a Healthy Weight.” “Enjoy Living Smoke Free” had a high rate of 97 percent, and “Make Heart-Healthy Eating a Family Affair” had a rate of 92 percent.

New Mexico reported 100 percent implementation in seven training sessions of the *Your Heart, Your Life* curriculum, including “Diabetes” (which was optional, because the manual does not include a specific session on diabetes). These sessions were “Are You at Risk for Heart Disease?”; “Eat Less Fat, Saturated Fat, and Cholesterol”; “What You Need To Know About High Blood Pressure, Salt, and Sodium”; “Maintain a Healthy Weight”; “Make Heart Healthy Eating a Family Affair”; “Enjoy Living Smoke Free”; and “Diabetes.” The session “Be More Physically Active” received a very high level of implementation—98 percent.

New Mexico reported conducting a 2-day group training for 70 patients, with 100 percent implementation of all sessions.

Family Followup

Followup was performed by telephone calls or visits to support families in their commitment to heart health.

Chicago, IL

- All 79 families had a followup visit.
- Twenty-one families received a second followup visit.

Escondido, CA

- Of the 54 families, 76 percent had a followup call, and 95 percent reported making lifestyle changes (using less fat and salt, doing more physical activity, eating more fruits and vegetables, buying less canned food, eating smaller portions, using less sugar, and quitting smoking).

Española, NM

- All 60 families received a followup call and a home visit.
- All 70 patients received a followup call, and each patient was seen at the clinic visit.

Pretest and Posttest Knowledge Results

New Mexico administered the knowledge test intended to assess the impact of promotores training to families who received the SPSC intervention. Unfortunately, pretests and posttests were not in the same format; hence, it is hard to make direct comparisons between them. However, there are clear indications that the intervention did increase knowledge about heart health. For example, about half of all respondents correctly answered the question "Is it best to be physically active?" (every day for 30 minutes) at the pretest, and almost 70 percent of respondents correctly answered this question at the posttest. Although methodological issues in this case limit an assessment of impact, this example clearly illustrates the feasibility of measuring the impact of the intervention on knowledge and behaviors among families that received training.

FEEDBACK FROM COMMUNITY-BASED ORGANIZATIONS

The participating CBOs were asked to complete an assessment form to gather information about their opinions, ideas, satisfaction, disappointments, suggestions, and hopes related to the project. The following represent the findings from the CBOs:

CSB, Chicago, IL

The executive director of CSB reported that SPSC helped them fill a large programming gap in the area of heart health. CSB worked with a local television channel, the American Heart

Association, and the Chicago Park District to expand the reach of the program. Since they began working with SPSC, CSB health promoters say that they have become more conscious of the quality of the food that they provide at their events and are very satisfied with their progress, in terms of both support to promotores and the project's contribution to building capacity.

CSB noted that the implementation of SPSC could be improved in the following ways:

- Provide additional resources to pay for staff to engage community in the program.
- Determine more effective and efficient ways to manage the paperwork involved.
- Work with the media to publicize the program is needed.
- Offer more technical assistance for fundraising, not just referrals to Web sites that provide instructions on how to apply for grants.

ECHC, Escondido, CA

The promotores supervisor at ECHC reported that SPSC provides its promotores with "the opportunity to see how their efforts can benefit the community, giving them a sense of empowerment and increasing their leadership skills." ECHC expanded the reach of the program by working with two local schools, the AHA, and Project Lean (the lead agency of the San Diego Nutrition Network). ECHC indicated being very satisfied with the participation of other community contacts to promote program goals, support promotores, and verify the usefulness of the Cuéntamelo evaluation tool. Escondido promotores were able to get free screenings at a local clinic for cholesterol levels, high blood pressure, and weight.

ECHC noted that implementation of SPSC could be improved in the following ways:

- Design a system in which providers refer patients with health problems to attend classes provided by SPSC.
- Provide ongoing training to more promotores in their communities.
- Obtain more funding from NCLR and other sources to further develop this program.

HACC, Española, NM

HACC representatives said that the promotores program has allowed their organization to expand its range of services to include health promotion efforts, in addition to the substance abuse prevention, gang prevention, and violence prevention program already offered by the agency. Representatives indicated a high level of satisfaction in all areas of the promotores program, which include supporting promotores to follow through with activities, networking with community contacts to promote program goals, and building capacity for skills, knowledge, and perspective throughout the program.

HACC noted that the implementation of SPSC could be improved in the following ways:

- Hire more promotores.
- Reduce paperwork in order to allow more time to focus on providing care.
- Conduct more public relations efforts to inform the community about the program.
- Access additional funding from NCLR for support staff to fulfill the program goals.
- Produce additional NHLBI audience-specific materials that are user/reader-friendly for people who are not fluent in English.

LIMITATIONS

A particular limitation in implementing these projects was the lack of sufficient resources needed to realize the expectations of the project and to allow for the development of organizational support mechanisms to reinforce the efforts of the promotores in their communities.

Promotores were asked not only to field test the newly developed instruments, but also to use them for collecting the data while the program was being implemented. These tasks were difficult to accomplish simultaneously in a timely fashion during a 1-year period. This process created inconsistency and a lack of completeness and clarity in collecting the data. In addition, because of intricacies in the field experience, many changes were needed to make the forms more usable and meaningful. The nature and extent of the promotores' interactions with families did not always lend themselves to easy documentation. More time was needed to develop a level of comfort with the evaluation forms.

The findings of these projects are not intended to be representative of Latino communities; however, they provide insights into what a promotores-based strategy with a participatory process can accomplish. Consequently, the data presented here for the three small studies is preliminary. However, future data will be based on more comprehensive methods.

RECOMMENDED CHANGES FOR CUÉNTAMELO

The project management team and the promotores reviewed the CuéntameLO evaluation tool. Based on their input, a number of changes were implemented in 2001. In addition to modifications in the response categories and wording of questions, the substantive changes include the following:

- Use of unique identifiers for each family and promotor.

The coding system devised for this purpose identifies each site and either an individual promotor(a) or individual family. Promotores were trained in the use of the coding system. This modification will allow one to measure the workload for each promotor, track the training that each family received, and combine records from

different scales. Further modification to pretests and posttests for promotores will exclude overly easy questions. By changing the content of pretests and posttests, one may be able to create a more valid measurement of the impact of the promotores training program.

- Questions about promotores' skills and abilities were modified to exclude those whose answers would not be expected to change from pretest to posttest.

Questions that pertain to stable personality traits (e.g., sense of humor) and those that were likely to yield socially desirable responses (e.g., treating people with courtesy) were excluded. The resulting scale would provide more sensitive data on changes in skills and ability resulting from the experience of implementing the program.

- Pretest and posttest scales measuring a family's heart health knowledge and behaviors were added.

Pretest and posttest scales were created to reflect the curriculum of the *Your Heart, Your Life* program. The scales measure behavioral changes (from before the program to after completion) toward a more heart healthy lifestyle. They represent an effort to directly study the impact of the intervention on individual families.

- A scale measuring a family's satisfaction with the program was added.

This scale, administered upon completion of the program, allows each family to provide feedback regarding their satisfaction with the implementation of the program. The data are valuable for evaluating the implementation and may provide ideas for improving the program.

- A scale measuring the extent to which families talked about the information that they learned in the program with their friends and relatives was added.

This scale can provide information regarding whether and to what extent the knowledge acquired in the SPSC program is shared in the community. The information could indicate whether families that receive the training become secondary sources of information on heart health and whether this information is dispersed in the community. Greater sharing of this information may indicate the adoption of heart healthy behavior as a norm in the Latino community.

- Uniformity of data collection was emphasized.

The modified version of Cuéntamelo was instituted as the sole data collection instrument to be used in 2001. Sites were asked not to change the instrument.

The changes made to Cuéntamelo for 2001 focused on obtaining more precise data on characteristics of promotores, quantity and type of health education given to families, and the impact of the program on individual families. Cuéntamelo should guarantee the uniformity of data collection between sites and should afford more detailed analyses of the data.

FUTURE DIRECTIONS

The future direction of Cuéntame! should be toward evaluating the impact of SPSC on the communities in which the program is implemented. The following actions are recommended:

- Improve systematic recording of community outreach activities.

Precise information on the type of community outreach activities implemented by SPSC would provide process measures of the program implementation that then could be related to specific outcome measures.

- Evaluate the impact of the community outreach on participants.

The California and New Mexico sites administered pretests and posttests at their group training sessions. Formalizing and improving data collection at group sessions or demonstrations and including measures to gather participants' feedback regarding their satisfaction with training would provide further evidence of the program's effectiveness.

- Collect secondary data that may indicate that heart healthy behavior is becoming a norm in the communities where SPSC is implemented.

Measurements of increases in screening for blood pressure and cholesterol, greater participation in smoking cessation programs, increases in sales of low-fat food products, and increases in membership in health clubs may indicate the impact of community outreach efforts or information dispersion. It is recommended that a formal evaluation design be implemented to gauge the effect of the program on these measures. Comparing communities that implement *Your Heart, Your Life* with similar communities that do not have the program is suggested. A multiple pretest and multiple posttest design might be applied, but that would be limited, because three sites have an existing program.

- Collect primary data on attitudes, knowledge, and behaviors pertaining to a heart health program, using random sampling.

A survey instrument measuring knowledge, attitudes, and behaviors would be a more direct indication of the impact of SPSC on the community at large. Inclusion of questions regarding sources of information on heart health could further reveal whether the program had a direct impact. As recommended above, the survey should be implemented as part of the program evaluation design, comparing communities with the SPSC program to similar communities without the program.

CONCLUSIONS

Findings from Cuéntame! indicate that a promotores-based partnership project for heart health implementation, dissemination, and evaluation is feasible in low-income Latino communities. Despite limited funds, the promotores and the CBOs demonstrated tremendous commitment, creativity, and accountability in performing their work objectives to implement SPSC in their communities. The following conclusions can be made:

- Families can be engaged beneficially in a health education program led by respected, influential promotores.
- Family-based interventions can foster lifestyle changes, and it is likely that the effects will endure. The specific interventions are congruent with social and cultural norms, community values, and language and learning skills of the target groups.
- The promotores became models who promoted and reinforced behaviors among their peers in the community. Social learning theory suggests that similar accepted models are effective in enhancing behavioral change.

Each of the SPSC projects provided a rich list of accomplishments, making progress toward their pledge goals in terms of training promotores, recruiting and teaching families, providing followup, making referrals for screenings, and organizing or participating in community events to promote heart health. However, such programs require substantial energy, additional resources, and a long-term commitment from all partners involved.

The projects' achievements, along with feedback from the promotores and CBOs, led to some key generalizations and specific areas for consideration:

- **Team building** engaged the group to function effectively for community action and to foster ownership.
 - The team was equipped and came together as peers.
 - Leadership was a key developmental value.
 - A strong vision of success was fostered to discourage setbacks and to prevent being disheartened by the challenges.
 - Common ground was encouraged among team members to influence decisions.
- **Balancing** how things would get done and what would get done was a key guiding principle.
 - The experiences and stories of the promotores are as valuable to the process as expert information about issues.
 - Pledges promote clear expectations.

- The process of building relationships is as important as the product.
- **Capacity building**—providing learning experiences and building skills—is key to energizing the promotores.
 - The vision, “What do we want to create?” was established early, based on the realities of each community and the assets of the agencies.
 - The values, talents, and skills of the promotores were acknowledged, affirmed, respected, and nurtured.
 - Mentors empower the group by promoting consensus-building and reality checks, by sharing experiences, and by providing support.
 - Training and tools provided to the promotores were highly acceptable and enhanced their work in the community.
- **Evaluation** created a participatory process for providing ongoing assessment to help determine the value of the work of the promotores and to strengthen project implementation.
 - More resources are needed to implement promotores-based, heart health programs in local communities (including collecting resources for evaluation) the implementation requires time and training.
 - Promotores and CBOs should receive technical assistance in proposal writing to help generate resources for the project.
- **Sharing the project with others** provides an opportunity for marketing, further expansion, new learning, and usability.
 - Working to ensure that lessons will be used involves strategic thinking and continual attention to opportunities and influence.
 - Establishing a win-win outlook fosters ownership, equity in the investments, and celebration of success.

The first Cuéntamelo evaluation provided key insights into the process and outcome measures associated with the implementation of the SPSC project. Shortcomings with the initial version of Cuéntamelo was recognized, and the evaluation tool have been refined to be more comprehensive and to allow consistent data collection among sites. With these improvements and with this report’s recommendations for future directions, there is good reason to expect further progress in energizing local communities for heart health.

APPENDIX

Testimonials

- Participants praised the educational benefits taught by promotores in SPSC and how they learned to incorporate them into their daily lives.

"The promotora encourages self-management progress. She says this is very important because she is not always going to be around and that diabetes is a life-long illness and we need to protect our major organs from damage the rest of our lives."

"I have learned from the promotores how to eat healthy. They have taught me to eat balanced meals. I really enjoy when she visits me at home and I also enjoy going to the classes every month."

"Receiving the classes was a very positive experience for me and my family. The promotora was able to answer our questions and made the class very interesting and fun. I now want to keep my heart working well."

- Promotores offered their own comments and expressed the satisfaction and gratification that they felt in leading others toward a more heart healthy lifestyle.

"My major satisfaction is when people approach me and say that they are practicing what I shared with them."

"The Salud para su Corazón curriculum is very informative, very complete, and illustrative, with a lot of benefits to our health—not just for sick people, but for those who also want to prevent."

- Promotores also praised the Cuéntamelo evaluation tool.

"The Cuéntamelo has developed into a very useful tool. It's an excellent tool for reporting progress with patients and the program."

"Cuéntamelo is very useful, but it is also time-consuming to promotores. It is good because we can document all the good work we do thoroughly."

- The amount of work required by Cuéntamelo was significant for some, however.

"Filling the three pages of the Family Card was complicated for promotores in Escondido."

"The amount of paperwork necessary was very intimidating to the promotores in Chicago."

Salud para su Corazón List of Materials Ordered by the Community Projects

Materials	Centro San Bonifacio	Esondido Community Health Center	Hands Across Cultures Corporation	Centro San Vicente	Totals
<i>Your Heart, Your Life</i> Manual (Spanish)	50	40	10	50	150
<i>Your Heart, Your Heart</i> Manual (English)			4		4
<i>Your Heart, Your Life</i> Bilingual Picture cards	40	40	14	30	124
<i>Your Heart, Your Life</i> Series of novelas video (Spanish)	20	20	10	22	72
Más Vale Prevenir que Lamentar: Una guía para la salud el corazón (photonovela)	210 (Spanish)	100 (Spanish)	100 (bilingual)	100 (Spanish)	410
Set of eight easy-to-read brochures	300	900	200	510	1,910
Recipe book	290	200	200	435	1,125
Heart-to-Heart: A bilingual Charla guide and video	50	20	10	20	100
Bringing Heart Health to Latinos: A Guide for Building Community Projects	5	5	5	5	20
Al ritmo del corazón Song-CD	1	1	1	1	4
Thirteen articles for newspapers or newsletters	1	1	1	1	4
Article: "Salud para su Corazón: A Model Program to Promote Cardiovascular Health in Latinos" [Balcazar H, <i>Medico Interamericano</i> , 18(1), 1999.]	1	1	1	1	4

The NHLBI Health Information Network is a service of the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. The NHLBI Health Information Network provides information to health professionals, patients, and the public about the treatment, diagnosis, and prevention of heart, lung, and blood diseases. For more information contact:

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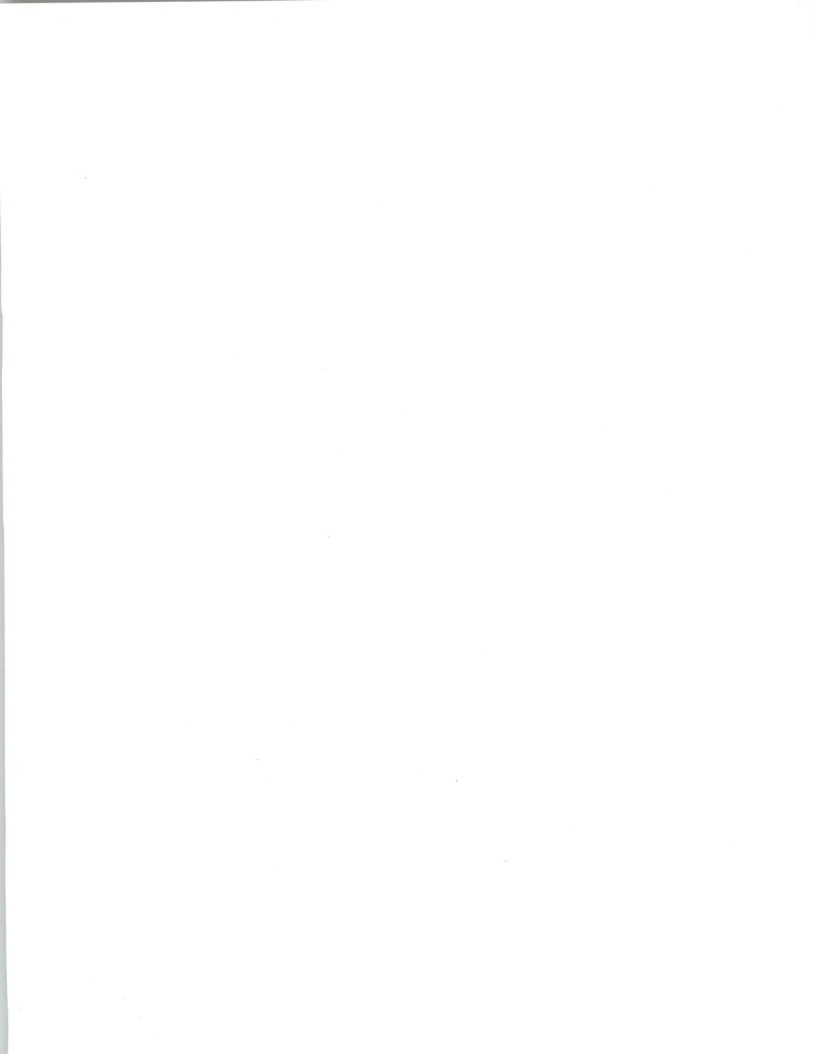
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